

Dr. Barratt's results were negative. No evidence of degeneration of medullated nerves could be obtained in the ten cases investigated (with the exception of a single fibre, presumably, therefore, accidental). Nor did the non-medullated fibres or the surrounding connective tissue show any abnormality. This research confirmed Dr. Mott's opinion, expressed in his report of 1897, that fatty degeneration of the heart and other muscular structures could not be accounted for by recognisable degenerative changes in the vagus and sympathetic nerves. Dr. Barratt illustrates his paper, the drawings being of his usual neat character.

J. R. LORD.

7. Treatment of Insanity.

On the Hypnotic and Sedative Action of Hedonal [*Sull' azione ipnotica e sedativa dell' hedonal*]. (*Riv. sperim. di Freniat.*, vol. xxvi, fasc. ii, iii, 1900.) Biancone, G.

Hedonal is one of the newer products of the urethane group, it being combined with higher alcohols than the other members. It is a white crystalline powder with an aromatic odour and taste. Slightly soluble in water, it is readily soluble in any organic fluid. It is said to be fully oxidised in the system. Given in doses of $\frac{1}{4}$ to 2 grms. (7 to 30 grains) it has a sedative action on all nerve-cells. It has little effect on the temperature, lowering it only about $.3^{\circ}$ C.; the pulse is lowered from six to twelve pulsations per minute; the blood-pressure decreases by from 10 to 15 mm. of mercury—evidently a vaso-dilator effect. There is a notable increase in the total quantity of urine excreted, but without increase of the total solids. In nervous insomnia it produces sleep, generally of some hours' duration, in from half to two hours, without dreaming or bad after-effects. It proved of value in a case with gastric crises. Excellent calmative results were obtained in the excited state of melancholia and of *folie circulaire*. It has no effect in reducing the number of fits in cases of epilepsy, but is of value in the excited stage following them. In many cases it succeeds when sulphonal, trional, chloral, and even morphia are only partially successful.

J. R. GILMOUR.

Upon Rest in Bed in the Treatment of the Acute Forms of Mental Disease, and the Modifications which it may necessitate in the Service of Asylums. (*Arch. de Neur.*, Oct., 1900.) Korsakow, S. S.

In a well-reasoned, very temperate article on the above subject, Prof. Korsakow insists upon the value of rest in bed as a definite *system of treatment*; but whilst recognising bed as the essential therapeutic element in this treatment, he urges that it must be used by persuasion, and the suggestive influence of the surroundings, and not by forcible restraint. He considers, however, that there may be exceptional cases where the patient must be kept in bed by force as the lesser evil, in the same way that in surgical cases even the no-restraint system may require the strait jacket. In like manner the use of cells

may, he thinks, in exceptional cases be allowed without invalidating the system of rest in bed as a system.

He urges the importance of individualisation and the strict and definite prescription of the amount of rest in bed for each case,—in other words, the dose of *bed* must be accurately apportioned. In this way it does not in any way clash with other therapeutic systems, *e. g.*, of “no restraint,” of “occupation,” of “open doors.”

The use of the general ward is a potent means of organising the system; it enables a better supervision, and at the same time a less irksome surveillance (if the patient is inclined to resent the individual watchfulness of the attendant). It is eminently suggestive to the patient.

The system must be carefully guarded against the abuse of engendering a spirit of sloth and lack of mental effort; it is therefore not to stand as a system by itself, but must associate itself with other means, and where apathy and anæmia prevail, it may be contra-indicated.

It is essentially indicated in the more acute psychoses, especially at the beginning of the disease, and it acts favourably on the majority of the cases of acute mania, on cases of alcoholic delirium, and on many forms of mental confusion and of melancholia.

HARRINGTON SAINSBURY.

The Effect of Rest in Bed [alitement] on Blood-pressure in Mental Affections. (*Rev. de Psychiat.*, Oct., 1900.) *Vaschide and Mennier.*

The authors record their investigations by means of the manometers of Potain and of A. Mosso. The latter instrument gives the more accurate results, but is more delicate and requires very cautious handling. Twenty-seven cases were examined, and 118 readings of the radial pressure and 137 capillary pressure-curves were taken. The results are as follows:—In maniacal excitement the blood-pressure is raised. In states of delirium with agitation it is also raised, but to a less degree. In anxious melancholia with mental instability it is diminished. In the dementias no definite effect is witnessed. In idiocy, melancholia, and general paralysis of the insane no effect whatever occurs.

The authors consider that the treatment by prolonged rest in bed as at present carried out is far from meeting the requirements of the case in many instances, more particularly in that it fails to supply the needful stimulus, and tends to produce an *ennui*.

HARRINGTON SAINSBURY.

Organo-therapeutics in Mental Diseases [Prize Essay for 1900, Medico-Psychological Association]. (*Reprinted from Brit. Med. Journ.*, Sept. 22nd, 1900; *Scottish Med. and Surg. Journ.*, Nov. and Dec., 1900.) *Easterbrook, C. C.*

This is an important paper; it develops very carefully the precautions necessary to avoid fallacies in the interpretation of results. The method of procedure, dietetic regulations, and investigations of the several secretions and of the blood are most thorough and painstaking. Of the several organic extracts the thyroid receives the most attention. The catabolic activity of this extract is demonstrated, and to the

stimulus which catabolism receives, and to the *anabolic rebound* which follows he attributes the value of the drug in those cases in which a beneficial effect is secured. Upon the whole Dr. Easterbrook considers that the drug has a decided positive value in mental affections; in women he thinks it is more effective than in men, and especially in the insanities connected with childbearing.

Reviewing the whole subject (he worked with parathyroid, thymus, pituitary, cerebral, and other extracts), the author concludes that those extracts which consist mainly of proteids (albumen and globulin) and albuminoids have merely a dietetic value; but that those animal extracts which are rich in nucleins and nucleo-proteids produce, when given by the stomach in sufficiently large doses (60 grains and upwards of the dried extract daily), a definite metabolic perturbation, which in the main is a *plus* quantity. More than this, he thinks that the thyroid body contains a specific internal secretion, *i. e.*, contains a specific substance which stimulates metabolism, *viz.*, iodothylin, just as the supra-renal extract contains a similar body—sphygmogenin.

In the successful cases of thyroid treatment above alluded to the results were obtained by large doses, and not by the small or moderate doses.

The paper requires careful study.

HARRINGTON SAINSBURY.

8. Sociology.

Preliminary Observations on the Etiology of Asylum Dysentery. (*Arch. of Neur., Lond. Co. Asylums, 1899.*) Durham, H. E.

An opportune outbreak of this disease at Claybury Asylum provided the material for this research. The inquiry was directed in two ways: (1) to search for a peculiar organism in the organs of fatal cases, which was successful; and (2) to try the effects of the blood-serum of those who had suffered for agglutinating effects upon known organisms. This method proved negative.

The following is his summary and conclusions:—(1) In seven cases of asylum dysentery the same organism was found in pure culture; it was absent in three cases not affected with the dysentery also dying in the asylum. (2) The organism is an extremely minute micrococcus. (3) It does not grow readily on the media which have been tried; subcultivations are especially difficult to establish. (4) The micrococcus was cultivated from the blood, spleen, liver, kidney, etc., of dysenteric cases in a state of purity. (5) The most luxuriant growths were obtained by inoculating peptone broth with a few drops of bile from dysentery corpses. (6) Growth is not obtained unless considerable quantity of the infected organs are planted into the broth; the ordinary platinum loop does not take up sufficient amount. (7) It would be interesting to know whether a similar organism is present in other forms of dysentery, such as occur in tropical and subtropical regions, as also in the so-called "amoebic dysentery."

In all cases the bodies were placed, very soon after death, in the

XLVII.

29